

APPLICATION FOR ADMISSION

PSYCHOPHYSIOLOGICAL DETECTION OF DECEPTION PROGRAM

Please complete the application
and then follow the instructions on the last page.

APPLICATION FOR ADMISSION

PSYCHOPHYSIOLOGICAL DETECTION OF DECEPTION PROGRAM

Privacy Act Statement Date of Application _____

(5 USC 552a)

Desired Course Date _____

Authority: 10 USC 3012

Principle Purposes: The purpose of soliciting this information is to provide the National Center for Credibility Assessment (NCCA) a basis for determining whether you meet the minimum requirements for selection and training as a Polygraph Examiner by the Center.

Routine Uses: Any information you provide is disclosed to members of the Department of Defense who have a need for the information in performance of duties. In addition, the information may be disclosed to government agencies outside the Department of Defense or individuals as authorized by law or regulation.

Disclosure Mandatory or Voluntary: Disclosure is voluntary. However, failure to provide the information could result in the National Center not accepting your application for the PDD Program.

FULL LEGAL NAME

First Name Middle Name Last Name

Home/Mailing Address City State Zip Code

SSN _____ Date of Birth _____ / _____ / _____
month day year

GRADE/RANK _____ Job Series/Military Specialty _____

Agency Name

Street/Mailing Address City State Zip Code

Work Telephone _____ Email _____

Home Telephone _____ Alternate Telephone _____

Previous Polygraph Training: Yes _____ No _____ If yes, where
_____ when _____ course length _____.

Amount of Investigative Training _____

Years Experience as Investigator _____

Security Clearance _____ U.S. Citizen: Yes _____ No _____

I have taken/will take my screening polygraph examination on _____
Examining agency _____
(date)

I will/have request(ed) my college(s) to forward my transcripts to the National Center for Credibility Assessment.

EDUCATION

Name of School	Major/Minor	Years (To/From)	Diploma/Degree
College			
Graduate School			

Using the attached format, describe your current or most recent job and work backwards. Describe each job you held during the past 10 years. **Please be specific in your description of positions that document your investigative and/or interrogative experience.**

I hereby submit the above information as being accurate and complete to the best of my knowledge.

Date

Signature

NCCA is an Equal Employment/Education Opportunity educational facility.

EMPLOYMENT HISTORY (1)

NAME _____

Name and Address of Employer Dates Employed (mo/yr) Place of Employment

From:
To:

City:
State:

Exact Title of Job Immediate Supervisor Area Code/Telephone Number

Description of Work (include investigative experience):

EMPLOYMENT HISTORY (2)

NAME _____

Name and Address of Employer Dates Employed (mo/yr) Place of Employment

From:
To:

City:
State:

Exact Title of Job Immediate Supervisor Area Code/Telephone Number

Description of Work: (include investigative experience)

EMPLOYMENT HISTORY (3)

NAME _____

Name and Address of Employer Dates Employed (mo/yr) Place of Employment

From:
To:

City:
State:

Exact Title of Job Immediate Supervisor Area Code/Telephone Number

Description of Work: (include investigative experience)

EMPLOYMENT HISTORY (4)

NAME _____

Name and Address of Employer Dates Employed (mo/yr) Place of Employment

From:
To:

City:
State:

Exact Title of Job Immediate Supervisor Area Code/Telephone Number

Description of Work: (include investigative experience)

EMPLOYMENT HISTORY (5)

NAME _____

Name and Address of Employer Dates Employed (mo/yr) Place of Employment

From:
To:

City:
State:

Exact Title of Job Immediate Supervisor Area Code/Telephone Number

Description of Work: (include investigative experience)

INSTRUCTIONS FOR SUBMITTING THE APPLICATION

1. Complete the online application for admission.
2. Save a copy of the completed PDF application.
3. Email the completed PDF application to
 - the NCCA PDD Program Registrar and to
 - your agency's PDD Program Manager.

Click the **Submit** button to open a new mail message with the completed form attached. Make sure you add your program manager to the **To:** list.

Submit

NOTE: If Acrobat can't open a new message, you must open your mail application, create a new message, and attach the saved .PDF, specify the recipients: registrar@ncca.mil and your program manager in the **To:** list, and then send the message.

4. If a confirmation is not received in 2-3 business days, print the application, and provide a copy to the NCCA Registrar's Office and your program manager.

Fax to: (803)751-9137

-or-

Mail to: National Center for Credibility Assessment
ATTN: PDD Registrar's Office
7540 Pickens Avenue
Fort Jackson, SC 29207-6804

CHECKLIST

- Complete and submit online application.
- Mail or fax application to agency's program manager.
- Request that official transcripts be sent to NCCA, Office of the Registrar, 7540 Pickens Avenue, Fort Jackson, SC 29207-6804.
- Verify that sponsorship letter has been sent to the National Center Chief.
- Successfully complete a PDD examination conducted by an approved examiner.
- If Non-Federal personnel, your sponsoring agency must contact the Chief of Instruction for approval prior to having the examination conducted.
- If Non-Federal personnel, provide at least one recommendation from either the U.S. senator or representative in the respective agency home state.
- Verify that sponsoring agency has provided verification of successful completion of a PDD examination. Results must be submitted in writing prior to the student's attendance.